## **Public Records Request Form**



	TOWN OF VAIL
SECTI	ON A - COMPLETE CONTACT INFORMATION
Request may be faxed or emailed to:	Vail Records Custodian (Town Clerk)
fax # 970-479-2157	email tnagel@vailgov.com
Note: Pleas	se contact Tammy Nagel at 970-479-2136 to ensure
	ecords request was received by Clerk's Office.
Requestors Name:	Company Name:
nequestors name.	
Date Requested:	
Mailing Address:	Street Address
Email Address:	Phone Number:
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	SECTION B - SELECT RECORD FORMAT
Please (x) applicable items	<u></u>
	Yes No
•	tion Only Requested:
	rd Copies Requested:
	onic Copies Requestd:
Desir	ed Retriveal Method: pickup mail email
SECTIO	N C - IDENTIFY TYPES OF RECORD REQUESTED
Fee Schedule:  A. First hour of research & retrievence B. \$30 per hour for additional time C. Cost of postage or courier to be	cords Policy and agree to pay all charges incurred in accordance with such sting Public Record(s)  Date  Val shall be free.  the devoted to searching for requested information.
0.	retrieval of the requested records.
Date Received:	Completed by:
Date Completed:	
Charges: To be completed by Record	ds Custodian
, ,	
Amount Prepaid \$	Balance Due before Release \$
	Total Amount Paid \$
Remarks or Summary of Response If denied, reasons include:	